

State of Wisconsin
Department of Health Services
Division of Long-Term Care

State Copy _____
County Copy _____
County: «Agency»

Profiles: 812, 813, 814, 815, 816, 817
818, 819, 820, 822, 823, 825, 826, 828, 829
842, 843, 844, 845, 846, 847, 918, 919,
920, 921

APPENDIX AO TO THE 2013 STATE AND COUNTY CONTRACT

For Social Services and Community Programs

Title: Children's Long-Term Support (CLTS) Waiver for Children with a Physical Disability

It is further understood and agreed by both parties, through this attachment to the CY 2013 "State and County Contract Covering Social Services and Community Programs," that both parties shall comply with all provisions set forth in this Contract regarding the Children's Long-Term Support Program, hereinafter referred to as CLTS.

I. Funds Provided/Period Covered

Funding Period and Amount: Funds identified in this contract are provided for the period January 1, 2013 through December 31, 2013. The initial value of this contract is the sum of the County's base funding plus any crisis funding in the CLTS Other program and the anticipated cost per participant in the CLTS Autism program. Additional funding may be assigned to the County during the term of the contract.

Funding for CLTS Waiver participant services may be "State-matched" or "local-matched." State-matched means that State General Purpose Revenue (GPR) funds are used to match the federal share of Medicaid waiver costs. Local-matched means that the County uses "local" funds, including Family Support Program funds, BCA, COP, or county levy to match the federal share. If a participant who receives State-matched services has service needs with costs that exceed the available State funds, the County may use local funds to supplement the State funds and still receive the federal match. If the County is using state-matched Autism or crisis funding, the County has the option to place the waiver participants on a waiting list for additional services if their costs exceed the state-match daily rate.

The Federal matching rate in effect is the Federal Medical Assistance Percentages (FMAP) finalized and published in the Federal Register. The Federal government uses state per capita personal income to calculate each state's reimbursement rate for Medicaid and other grant programs. The matching rate, calculated annually, is known as the FMAP. The FMAP for the current federal fiscal year can be found on the Federal Register Website (www.federalregister.gov).

Funds allocated to the County will be based on the following methodology:

State-Matched Autism Services (Profiles 800-802): The CLTS program will pay actual costs incurred which are less than or equal to the total County allocation for program participants in the Autism program, as well as the federal share of any costs exceeding the allocation. The Department will not pay costs above the maximum annual rate for any individual participant without prior approval by the CLTS Program.

The Department may pay eligible, allowable expenses for the county when the additional allowable expenses exceed the contract maximums if funds are available. Funds not used by the county for the cost of services are subject to reallocation by the Department.

For participants enrolled in the intensive phase of the Autism program, the State pays for services reported under any service codes corresponding to SPCs 512, 604, 609.20, and 619 only. The County must use local funding for the non-federal portion of other services. The CLTS program will pay for the federal share of any costs for an SPC other than those specified

State-Matched crisis Funds (Profiles 815-817)

The CLTS program will pay actual costs incurred which are less than or equal to \$48.42 per day for each participant utilizing crisis funding in the CLTS Other program, as well as the federal share of costs exceeding \$48.42 per day.

State-Matched Other Funds (Profiles 815-817)

The CLTS program will pay all costs incurred up to the County's state-matched allocation. The allocation amount is the sum of the value of all State-matched "slots" granted to the County in prior contract years, excluding any State-matched crisis, transition, or Autism slots (which are discussed above), plus any funds transitioned from the CIP program. The CLTS program will pay the federal share of any expenses exceeding the County's state-matched allocation.

Local-Matched (Profiles 818-829)

The CLTS program will pay the federal share of the County expenses for those participants whose services are funded with the local-match funding. Participants are determined to be funded through local match if expenses are indicated as paid by local-match by the LTS code or expenses exceed the state-matched contract amount.

Reallocations: The Department may pay expenses for the County for additional expenses exceeding their contract maximum if funds are available from other counties. Any funding not used by the County for the cost of services is subject to reallocation.

Increases and Decreases: The total value of this contract may be increased during this contract period if:

- 1) a child who is receiving waiver services moves to the County from another County. If the child's services are funded with Autism funding or crisis funding, the sending county's contract is decreased and the receiving county's contract is increased accordingly. If the child's services are funded with any other funding, the sending county continues to be financially responsible for the child's waiver funding unless the receiving county has no wait list for CLTS services or until such time as the child reaches the top of the receiving county's wait list and the county has waiver funding available. The two counties may enter into an arrangement where an agreed-upon sum of funds is temporarily transferred from the sending county's contract to the receiving county's contract until such time as the receiving county is able to fund the child's waiver services. Counties should refer to Chapter II of the Medicaid Home and Community-Based Services Waivers Manual for additional details.
- 2) a participant is using crisis funding or Autism funding and he or she either reaches the age of 22 years or for another reason terminates waiver services. In this case, the funding returns to the State for reallocation and the County contract is reduced.

All increases or decreases to the contract level will be provided to the County through a contract amendment from the Division of Long Term Care Administrator. This letter shall document the Department's approval of a change in funding and document the cause of the increase or decrease in the contract amount.

II. Purpose and Conditions on the Use of these Additional Funds

These funds may be used by the county in accordance with the following conditions:

1. The County agrees to comply with the requirements of s. 46.278 WI Stats., the relevant portions of the Medicaid Home and Community-Based Services Waivers Manual, applicable Division of Long Term Care (DLTC) Numbered or Information Memos and other policy communications specific to the CLTS Waivers.
2. Funds may only be used for services for eligible participants who meet functional and financial requirements for CLTS and have an approved Individualized Service Plan.
3. Participants shall be given a choice of all qualified providers for each service covered by the waiver.
4. The amount of funds paid is determined by actual allowable MA waiver service costs incurred, which includes support and service coordination services as well as up to 7 percent administration costs, up to the maximum amount allowed by the contract including matching funds required by the contract.

5. These funds may only be used for persons who reside in qualifying settings that include a private residence or licensed foster home for children.
6. Support and Service Coordination shall be provided to all CLTS participants, unless the participant waives their right to this service.
7. The County will not be reimbursed for services on any day a participant receives MA-funded services in an inpatient setting (such settings include general hospitals, SNFs, ICFs, or ICF-MRs).
8. Funds may not be used to cover any portion of room and board expenses for participants except when the cost of room and board is an integral but subordinate part of covered respite care services when such care is provided outside of the participant's home.
9. The County agrees to implement the Parental Payment System for Children's Long-Term Support Waiver as directed by Ch. DHS 1 of the Administrative Code. Requirements are available online at the DHS website: <http://www.dhs.wisconsin.gov/children/clts/ppl/index.htm>.

Every county is required to implement operation of all three CLTS Waivers, including the following target groups: developmental disabilities, substantial mental health needs, and physical disabilities. The CLTS Waiver must be operated statewide for all target groups per the Centers for Medicare and Medicaid Services' Home and Community-Based Services Waiver requirements. A county may choose to have different county departments administer the different waivers, or may choose to contract with another county waiver agency to offer services for a particular waiver target group.

The County will share provider information as requested by the Department. Failure to meet these purposes and conditions or requirements specified in the Medicaid Home and Community-Based Waivers Manual may result in the loss of these funds and their repayment to the Department by the County.

III. Fiscal and Client Reporting Conditions on the Earning and Use of the Additional Funds

The County shall make the following reports to the Department as a condition of receiving these funds:

1. **THIRD-PARTY ADMINISTRATOR REQUIREMENTS:** The County is required to pre-authorize all participant services by submitting service authorizations to the third-party administrator (TPA) in a manner that is consistent with requirements outlined in the TPA Handbook and applicable DLTC Numbered or Informational Memos.
2. **FINANCIAL REPORTING ON FORM 20 942 - EXPENSE REPORT FOR HUMAN SERVICE PROGRAMS:** The County must report to the Department the total actual costs incurred for all county-provided services and the total actual costs for all local-match services for eligible CLTS participants on Form 20 942 according to the schedule in the State/County Contract.
3. **FINANCIAL REPORTING ON FORM F-22 540 (FORMERLY THE HSRR) - HUMAN SERVICES REVENUE REPORT:** The County must report to the Department the total actual revenue received for all county-provided services and the total actual costs for all local-match services for eligible CLTS participants on Form F-22 540 according to the schedule in the State/County Contract.
4. **COMMUNITY AIDS REPORTING SYSTEM (CARS):** The County will see their contract reflected on the following CARS profiles. County administration costs must be reported to the reporting profiles outlined below. The County will be reimbursed for administration expenses by reporting the expenses to CARS. The Department will report all service expenses to CARS on a quarterly basis. All contract amounts on the local match profiles are \$0. These profiles are for tracking purposes. No prepayments will be made on any of the profiles listed in this Appendix.

Reporting Profiles
(Source)

Payment Profiles

Profile 813 CLTS PD TPA Federal
(Non-reimbursable)

Profile 812 CLTS PD – Autism
(from CLTS Claim Extract)

Profile 814 CLTS PD TPA Non-Federal - Autism
(Non-reimbursable)

Profile 816 CLTS PD TPA Federal
(Non-reimbursable)

Profile 815 CLTS PD – Other
(from CLTS Claim Extract)

Profile 817 CLTS PD TPA Non-Federal - Other
(Non-reimbursable)

Profile 819 CLTS TPA FED
(Non-reimbursable)

Profile 818 CLTS BCA Match
(from CLTS Claim Extract)

Profile 820 CLTS TPA BCA Match
(Non-reimbursable)

822 CLTS TPA FED
(Non-reimbursable)

Profile 821 CLTS Family Support Match
(from CLTS Claim Extract)

823 CLTS TPA FS Match
(Non-reimbursable)

825 CLTS TPA Fed
(Non-reimbursable)

Profile 824 CLTS COP Match
(from CLTS Claim Extract)

826 CLTS TPA COP Match
(Non-reimbursable)

828 CLTS Fed
(Non-reimbursable)

Profile 827 CLTS County Match
(from CLTS Claim Extract)

829 CLTS TPA County Match
(Non-reimbursable)

Profile 843 CLTS PD TPA Autism Admin FED (Sum
Sufficient)

Profile 842 CLTS PD Autism CWA
Admin (from CWA via CARS)

Profile 844 CLTS PD TPA Autism Admin GPR
(Contract Controlled – Rolls to 561 BCA)

Profile 846 CLTS PD Other TPA Admin FED
(Sum Sufficient)

Profile 845 CLTS DD Other CWA Admin
(from CWA via CARS)

Profile 847 CLTS PD Other TPA Admin GPR
(Contract Controlled – Rolls to 561 BCA)

The Federal amount of Autism program participants' costs will be reflected on Profile 813, a sum sufficient contract line. The State GPR funds used to match the blended FMAP for the claims for participants in the Autism program will be reflected on Profile 814.

The Federal amount of Other program participants' costs will be reflected on Profile 816, a sum sufficient contract line. The State GPR funds used to match the blended FMAP for the claims for participants in the Other program will be reflected on Profile 817.

The Federal amount of County administration costs for Autism will be reflected on Profile 843, a sum sufficient line. The State GPR funds used to match the 50 percent Federal rate for the administration for the Autism program will be reflected on Profile 844. Any cost in excess of the contract amount will roll to the BCA.

The Federal amount of County administration costs for Other will be reflected on Profile 846 a sum sufficient line. The State GPR funds used to match the 50 percent Federal rate for the administration for the Autism program will be reflected on Profile 847. Any cost in excess of the contract amount will roll to the BCA.

Expenses must be reported to the CARS profiles quarterly at a minimum

The final contract amounts are subject to adjustment if, as a result of the contract reconciliation process, the total amount reported on CARS differs from the County's final adjusted service claims contained in the TPA claims data and the administration reported on CARS.

Cash Back Adjustments Procedures

All federally-funded waiver participant expenses are paid by the Department through the Third Party Claims Administrator (TPA). These payments include both the Federal and non-federal share of the payment. In paying the TPA, the DHS has paid the locally-funded portion on behalf of the County; therefore, the Department needs to receive reimbursement from the CWA for these expenses.

All expenses coded as from BCA, Family Support, COP or any other local match source will be reported quarterly by the Department to the local-match profiles lines listed above. The non-federal portion of these expenses will be subject to the cash back adjustment process. These adjustment amounts will be reflected on the cash back adjustment profiles listed below.

918 Cash Adjust CLTS BCA Match – This will be a negative amount and will reconcile to Profile 820.

919 Cash Adjust CLTS FS Match – This will be a negative amount and will reconcile to Profile 823.

920 Cash Adjust CLTS COP Match – This will be a negative amount and will reconcile to Profile 826.

921 Cash Adjust CLTS County Match – This will be a negative amount and will reconcile to Profile 829.

It is the County's responsibility to monitor these profiles and report the adjustment as an expense to the appropriate profiles.

IV. Payment Procedures

No prepayments are made for funds included in this Appendix. The Department contracts with a Third Party Administrator (TPA) for claims processing. CLTS Waiver provider claims are processed and paid through the Department's TPA. Counties do not pay waiver claims directly and are not reimbursed for paid provider service claims under the County CARS process. All other county waiver responsibilities remain in effect. Payments for administration expenses will be paid on a monthly basis through CARS. Payments through 06/30/2013 are limited to one-half (1/2) of the contract with the balance paid after 07/01/2013 based on reported costs up to the contract level.